



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Jeni Bolton

Email Address: jbolton@orthoindy.com

Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$117045043
Outpatient Patient Service Revenue	\$271669177
Total Gross Patient Service Revenue	\$388714220

2. Deductions From Revenue

Contractual Allowance	\$216821972
Other Deductions	\$1313578
Total Deductions	\$218135550

3. Total Operating Revenue

Net Patient Service Revenue	\$170578670
Other Operating Revenue	\$9118231
Total Operating Revenue	\$179696901

4. Operating Expenses

Salaries and Wages	\$28419335	Employee Benefits	\$6112378
Depreciation and Amortization	\$5474613	Interest Expense	\$1508731
Bad Debt	\$2435262	Other Expenses	\$69062352
Total Operating Expenses	\$113012671		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$66684230	Total Assets	\$119672204
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$75615324

Total Net Gains	\$66684230
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$129915883	\$94827283	\$35088600
Medicaid	\$3023003	\$2443803	\$579200
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$255775335	\$119550886	\$136224449
Total	\$388714221	\$216821972	\$171892249

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$15150	\$6763	\$8387

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$10759	\$-10759
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	1054
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2692907	\$2232419	
HCI Payments	\$0		
Subtotal	\$2692907	\$2232419	\$460488
Medicaid Shortfalls	\$597211	\$856538	
Subtotal	\$3290118	\$3088957	\$201161
DSH Payments	\$0		
Subtotal	\$3290118	\$3088957	\$201161
Medicare Shortfalls	\$33307142	\$38319057	
Other Government Programs	\$0	\$0	
Total	\$36597260	\$41408014	\$-4810754

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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